



## Indiana Emergency Medical Services for Children – Pediatric Seizures

### MODEL PROTOCOL

#### BLS Care Provider

**Pediatric Seizures** – A clinical state characterized by abnormal, sustained electrical discharges from a cluster of cerebral nerve cells.

**Clinical findings** – In infants can be subtle consisting of abnormal gaze, sucking motions, or bicycling motion of the legs. In older children seizures can consist of repetitive muscular contractions and unresponsiveness. Seizures may be associated with fever, hypoxia, hypoglycemia, infection, ingestion, CNS bleeding, metabolic disorders, and congenital neurologic problems.

#### Complete Assessment

Assess airway

Assess neurological status

Assess injury

Assess temperature



#### Initial Interventions

Protect from injury

Vomiting and aspiration precautions

Do NOT place bite block

Consider calling for ALS intercept



#### Treat Hypoglycemia for seizure lasting more than 5 minutes:

If parents have Valium/Diazepam gel formulation, parents may administer.



#### Continued Interventions/Monitoring

Contact Medical Control

Support ABCs

Maintain temperature WNL

Transport

#### Patient Considerations

If patient develops respiratory distress/failure see pediatric respiratory distress/failure protocols and call for ALS intercept